

## REQUEST TO WITHHOLD NAME AND ADDRESS

s.341.08(1m), 342.06(1)(i), 343.14(2m) Wis. Stats.  
Wisconsin Department of Transportation  
MV3592 8/2001

### Statement of purpose/effect

Under Wisconsin law, the Department of Transportation, Division of Motor Vehicles is required to provide information from its records to requesters. This information may be used for marketing purposes. If you do not want your name and address included in requests for 10 or more records, you may ask the department to withhold your name and address from those requesters by completing and returning this form. This should eliminate mailings from these requesters. It will not eliminate mailings that originate from other sources of information used by marketers.

Certain requesters are authorized by law to receive your name and address upon request provided such information is used for the purpose of:

- \* writing and renewing insurance policies and related underwriting
- \* billing and paying of insurance claims
- \* vehicle safety recall notification programs and
- \* law enforcement activities.

A request to withhold name and address is limited to individuals. If a vehicle is jointly owned, one vehicle owner requesting information be withheld will affect all owners of that vehicle. Once a request is made, the designation will remain in effect until a record is no longer current or the person asks the department to remove it.

**Mail completed form to:** Wisconsin Dept. of Transportation  
P. O. Box 7995  
Madison, WI 53707-7995

If you have additional questions, please write to the above address or call (608) 266-1466 for vehicle registration information or (608) 266-2353 for driver license information.

### Instructions:

To request withholding of your name and address from driver license, vehicle registration, or identification cards for the physically disabled records, please provide the following information. The social security number will be used to verify the identification of the applicant and will not be used for any other purpose. Use of this form is limited to 1 person, 3 vehicles.

Name - As Shown on Operator License or Vehicle Record		Birth Date		Area Code - Telephone Number	
Street Address		Social Security Number			
Post Office		Zip Code		Operator License Number	
LICENSE PLATE NUMBER	VEHICLE YEAR	VEHICLE MAKE	VEHICLE IDENTIFICATION NUMBER		

I do not want my name and address provided from the following records:

- ☐ Vehicle registration; show license plate number and vehicle description above.
- ☐ Identification card for the physically disabled; card number \_\_\_\_\_
- ☐ Driver license; show operator license number above.

I previously requested withholding of my name and address, but want to reverse that designation from the following records:

- ☐ Vehicle registration; show license plate number and vehicle description above.
- ☐ Identification card for the physically disabled; card number \_\_\_\_\_
- ☐ Driver license; show operator license number above.